

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033850

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **042**
FILED OCT 15 1962

Primary Registration District No.

1000

Registrar's No.

1121

VS 300
Rev. 4/59

15117
25117

3

4 **0**

5 **1**

6

7 **1**

8 **2**

94200

10

11

12-0

13-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF **S.E. Waggoner, M.D.**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
Length of stay in lb 18 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Methodist Hosp.		d. STREET ADDRESS (If outside, give location) 1220 Powell	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First EVERETT Middle REX Last ROLEY		4. DATE OF DEATH Month September Day 30 Year 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/5/1892
9. AGE (last birthday) 69		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired crane operator		10b. KIND OF BUSINESS OR INDUSTRY Railroad Company	
11. BIRTHPLACE (City and state or country) Stillwell, Illinois		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Joseph A. Roley		13b. MOTHER'S MAIDEN NAME Ida M. McClelland	
14. NAME OF HUSBAND OR WIFE Lora Roley		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) yes W.W.# I	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Mrs. Lora Roley, 1220 Powell, St. Joseph, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 4 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease		2 months	
DUE TO (c) Arteriosclerosis		unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Uremia		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION St. Joseph, Missouri		
21. I attended the deceased from Aug 4, 1962 to Sept 30-62 and last saw her alive on 9/30/62 Death occurred at 7:05p. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Sharon E. Waggoner M.D.		22b. ADDRESS 301 Illinois Ave St. Joseph, Missouri	
22c. DATE SIGNED 10/3/62		22d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10/8/1962	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
23d. FUNERAL DIRECTOR Horton-Bowman		23e. ADDRESS St. Joseph, Mo.	
24. DATE RECD. BY LOCAL REG. Oct. 9, 1962		25. REGISTRAR'S SIGNATURE Mrs. Clark Goodell	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

OCT 17 1962

Permit issued 10/2/62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Spelding

Licensed Embalmer No. 4535

P. O. Address St. Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.